



APPLICATION FOR RENEWAL OF LICENSURE  
TO PRACTICE EMS PATIENT CARE

1. Name: \_\_\_\_\_  
(Last Name) (First Name) (MI)

2. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Daytime Phone#: (\_\_\_\_) \_\_\_\_\_

4. E-Mail Address \_\_\_\_\_

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (46 USC, §405(c)(2)(C)(i)) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A M.R.S.A. §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.

7. What is your license number? \_\_\_\_\_ Expiration date: \_\_\_\_\_

8. At what license level are you renewing? \_\_\_\_\_ First Responder \_\_\_\_\_ Ambulance Attendant  
\_\_\_\_\_ EMT \_\_\_\_\_ EMT - Intermediate \_\_\_\_\_ EMT - Critical Care \_\_\_\_\_ EMT - Paramedic

9. What type of training are you using for licensure? (*Attach certificate or CEH report*)

\_\_\_\_\_ Maine EMS approved refresher course \_\_\_\_\_ Maine EMS approved Continuing Education Hours (CEH)

10. What type of testing are you using for licensure? (*Attach copy of Skills Lab or Skills CEH certificate*)

\_\_\_\_\_ Maine EMS Skills Lab \_\_\_\_\_ Maine EMS Skills CEH

11. Have you ever been convicted of any criminal offense (including, but not limited to Operating Under the Influence)? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Have you ever been found to have committed a civil infraction involving use or possession of illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Are charges pending against you in any state or Federal court? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Have you ever had any action taken against any professional license or certification you currently hold or have ever held? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If you answered yes to either 11, 12, 13 or 14 above, complete section A on the reverse side. Failure to provide this information may result in license revocation)

15. I certify that the statements contained in this application are correct to the best of my knowledge and that I am eligible for licensure at the level requested in accordance with Maine statutes and EMS rules. I understand that this license, as issued, allows me to administer only those treatments authorized under the Maine EMS Rules and Maine EMS protocols governing this licensure level. I understand that the Maine EMS Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMS provider and agree to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board. I understand and agree that QA/QI information pertaining to me may be shared amongst recognized participants within the Maine EMS QA/QI system. I also understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against my license by Maine EMS.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

☐ Logged  
☐ Entered  
☐ Flagged  
☐ Issued

☐ SBI Fee Rec'd  
☐ SBI ✓ Req: \_\_\_\_\_  
SBI ✓ Rec'd: \_\_\_\_\_

☐ DMV ✓ Req: \_\_\_\_\_  
DMV ✓ Rec'd: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Course date: \_\_\_\_\_  
Test date: \_\_\_\_\_  
Skills lab date: \_\_\_\_\_  
Refresher date: \_\_\_\_\_  
CEH date: \_\_\_\_\_  
Reciprocity State: \_\_\_\_\_

**Section A: History of convictions, pending charges, or action taken against a professional license** - Completion of this section is required if: you have been convicted of any criminal offense including but not limited to Operating Under the Influence; you have been found to have committed a civil drug offense; charges are pending against you in any state or federal court or, you have ever had any action taken, or action pending against a professional license you now hold, or have ever held. Please provide the information requested below (*Attach additional sheets if necessary*):

| <u>Type of Offense/Violation</u> | <u>Date of Offense</u> | <u>Place of Offense</u> | <u>Name and Location of Court or Licensing Authority</u> | <u>Sentence/Action and Date of Sentence/Action</u> |
|----------------------------------|------------------------|-------------------------|--|--|
| _____                            | _____                  | _____                   | _____  | _____  |
| _____                            | _____                  | _____                   | _____  | _____  |
| _____                            | _____                  | _____                   | _____  | _____  |
| _____                            | _____                  | _____                   | _____  | _____  |
| _____                            | _____                  | _____                   | _____  | _____  |

**Before you mail in your application Make sure that you:**

- **Complete all required sections by clearly printing (in ink) or typing the requested information;**
- **Effective October 1, 2003: Attach a check in the amount of \$15.00, made payable to: *Treasurer, State of Maine* to cover the cost of the required criminal conviction background check;**
- **Attach all required documentation for renewal of your license.**
- **Read and understand the certification statement and sign the application (in ink).**

**Return your signed application (photocopied signatures cannot be accepted) to:**

**Maine EMS  
16 Edison Drive  
Augusta, ME 04330  
Tel (207) 287-3953**

**Please allow 2 weeks for processing**